

# Foster Family Home - Corrective Action Report

Provider ID: 1-512633

Home Name: Shirley Gapuz, CNA

Review ID: 1-512633-10

91-1178 Kuano'o Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 12/6/2020

## Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) CCFFH inspection made for a 2 bed CCFFH recertification. corrective action required and due to CTA within 30 days

## Foster Family Home Background Checks [11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2) No current APS / CAN for CG # 1, CG # 2 or HHM # 1

## Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5) Confidentiality policy is only signed by PCG, the other signature spaces all have the same signature

## Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

(41.b.7) No current TB testing available for CG # 1 CG # 2 and HHM # 1

41.(g) Client # 2 : There is No documentation of training and skill competency for all caregivers. The client records are missing

## Foster Family Home Medication and Nutrition [11-800-47]

47.(e) The caregivers shall obtain specific instructions and training regarding special feeding needs of clients from a person who is registered, certified, or licensed to provide such instructions and training.

Comment:

47.(e) Client # 2- There is no evidence of specific instructions and training regarding [REDACTED] needs of client

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## Foster Family Home

## Client Rights

[11-800-53]

53.(b)(15) Have daily visiting hours and provisions for privacy established;

Comment:

53.(b)(15) CCFFH visiting hours state limited to 11-5. Per "My choice my way" visiting hours cannot be restricted

## Foster Family Home

## Records

[11-800-54]

54.(a)(3) A list of applicable community resources.

54.(b)(1) Permit effective professional review by the case management agency, and the department; and

54.(c)(1) Client's vital information;

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

54.(c)(5) Medication schedule checklist;

54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

(54.a.3) Covid-19 worksheet has not been filled out

54.(b)(1) Client # 2 chart was missing from the home at the time of inspection

54.(c)(1): No client binder in the home for client # 2 including "face sheet" for emergency information while substitute caregiver caring for clients

54.(c)(5) MAR for client # 1 has not been signed since October 2020

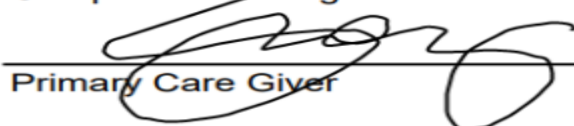
1 medication is empty, 1 medication has discrepancy on frequency and dose

MAR for client # 2 is missing from the CCFFH

54.(c)(2) Service plan for client #2 is missing completely from CCFFH

54.(c)(6) No daily documentation check list is present in the CCFFH for client # 1 and Client # 2

  
Compliance Manager

  
Primary Care Giver

12/7/20  
Date

12/7/20  
Date

12/7/2020